

DIRECT DEPOSIT (CREDIT) AUTHORIZATION FORM

I hereby authorize **NEWPORT NEWS EMPLOYEE'S RETIREMENT FUND (NNERF)** to deposit my retirement payment directly to my account at the financial institution shown below. I agree to provide written notification to NNERF within 30 days of any changes to this information so that my pay may be properly distributed. I also authorize NNERF to make adjustments to my account to correct any credit entries made in error. NAME: ____ NAME OF FINANCIAL INSTITUTION: BRANCH (CITY & STATE): _____ _____ ACCOUNT # BANK ROUTING # (The first nine numbers on the bottom of the check) TYPE OF ACCOUNT (Check One): | Savings SIGNATURE DATE (If you are completing this form as Power of Attorney, please bring the original with the raised seal for us to copy.) Until you are placed on direct deposit, you will receive checks mailed to your home address. If your home address changes after you go on direct deposit, it is still very important to notify NNERF so you will receive important information, including the year-end tax statement and newsletters. YOU MUST ATTACH A VOIDED CHECK TO THIS FORM

RETURN THIS FORM TO:

City of Newport News Department of Finance 2400 Washington Avenue Newport News, VA 23607